

**DECLARATION FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name,  
**Eliana Soubhie.**

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

**COMPOSITION FOR THE TREATMENT OF BURNS, SUNBURNS, ABRASIONS,  
ULCERS AND CUTANEOUS IRRITATION**

the specification of which is attached hereto.

I/we hereby authorize my/our attorney to insert here in parentheses  
(Application Number \_\_\_\_\_, filed \_\_\_\_\_),  
the filing date and application number of said application, when known.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of the Federal Regulations, S1.56(a).

I hereby appoint the following agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Neil Teitelbaum  
Douglas MacLean**


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Canada  
K1S 3X7**

**Please associate this application with Customer No: 24949.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Full name of first inventor: Eliana Soubhie**

**Inventor's signature:** 

**Date:** Nov 18/03

**Residence: 67 Ted Grant Private, Ottawa, Ontario, Canada K1G 5B9**

**Post office address: As above**

**Citizenship: Canadian**